irradiation induces p53 expression in *in vivo* normal human skin that returns to undetectable basal level within 15 d [20]. As psoriatic patients often undergo psoralen plus ultraviolet A therapy, we wonder whether this could explain why p53 expression can be detected in some instances. It should be kept in mind that detection of the p53 protein does not necessarily indicate the existence of a mutation of the gene but can also come from a dysregulation of its expression.

In conclusion, the TP53 gene was not altered in the seven exons analyzed, and TP53 gene product was not detected, in psoriatic skin. Dysregulation of the cell-cycle process in this disease might come from other genes, such as still unstudied tumor-suppressor genes or oncogenes; we recently demonstrated a decrease in *c-FOS* expression in lesional psoriatic skin [21]. More studies are required to understand the possible involvement of oncogene and/or tumor suppressor genes in psoriasis.

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ANNOUNCEMENT

A workshop on Photoimmunology will be held in Capocaccia, near Alghero, Sardinia, Italy, October 8–10, 1993. The workshop will take place during the summerschool, entitled Photobiology in Medicine.

Organizers of the Photoimmunology workshop are P. Bergstresser, Th. Dubbelman, and B.J. Vermeer.

The following topics will be discussed.

1. Introduction immunology of the skin.
2. Modulation of the immune system by UV light (antigen presentation, T-cell recognition, cytokine production, adhesion molecules).
3. Genetic polymorphism of UV-induced immune suppression.
4. Photoreceptor for UV-induced immune suppression.
5. Effect of UV light on infections (HIV, Herpes simplex).
6. Clinical relevance of photoimmunology (e.g., skin cancer in immune compromised host).
7. Therapeutic use of UV-induced immunosuppression (e.g., thrombocyte transfusion).
8. Immunologic aspects of photophoresis and photodynamic therapy.
9. Effect of sunscreen on photoimmunological aspects.

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